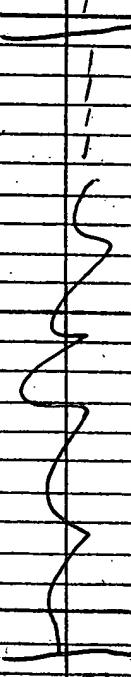


**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 10066091
APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2				/		
3				/		
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50						
TOTAL IND.			3			
TOTAL DEP.			25			
TOTAL CLAIMS			28			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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